

Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE - LONG FORM

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☒ Pre-election Statement
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
☐ Special Odd-Year Campaign Report
☐ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period
from OCT 1, 1998
through OCT 12, 1998

Date of election if applicable:
(Month, Day, Year)

NOV 3, 1998

Date Stamp

Print to
rec'd 10/22/98
Alice M. Brumley
City Clerk
City of Los Angeles

CALIFORNIA
1994 FORM **490**

Page 1 of 7
For Official Use Only

I Officeholder, Candidate, and Controlled Committee
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

HARRY L. MARZOLF

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL MEMBER

RESIDENTIAL OR BUSINESS ADDRESS

(NO. AND STREET)

445 MADRONE CT.

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

LOS ANGELES

CA

90042

(213) 333-7682

COMMITTEE NAME

I.D. NUMBER

Committee To Elect Harry L. Marzolf

982032

COMMITTEE ADDRESS

(NO. AND STREET)

445 MADRONE CT.

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

LOS ANGELES

CA

90042

(213) 333-7682

NAME OF TREASURER

CAROLINE MARZOLF

PERMANENT ADDRESS OF TREASURER

(NO. AND STREET)

445 MADRONE CT.

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

LOS ANGELES

CA

90042

(213) 333-7682

II Other Committees Not Included in this Statement: List any other
committees not included in this consolidated statement that are controlled by you and any
committees of which you have knowledge that are primarily formed to receive contributions
or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on OCT 20, 1998 At LOS ANGELES, CA

By Caroline A. Marzolf

SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on OCT 20, 1998 At LOS ANGELES, CA

By Harry L. Marzolf

SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____

SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____

SIGNATURE OF CANDIDATE/OFFICEHOLDER

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

HARRY L. MARZOLF

Contributions Received

Statement covers period from <u>OCT 1, 1998</u> through <u>OCT 17, 1998</u>	CALIFORNIA 1994 FORM 490 Page <u>2</u> of <u>7</u> I.D. NUMBER <u>982032</u>
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		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ <u>540.⁰⁰</u>	\$ <u>200.⁰⁰</u>	\$ <u>740.⁰⁰</u>
2. Loans Received	Schedule B, Line 7	\$ <u>0</u>	\$ <u>700.⁰⁰</u>	\$ <u>700.⁰⁰</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>540.⁰⁰</u>	\$ <u>900.⁰⁰</u>	\$ <u>1440.⁰⁰</u>
4. Non-monetary Contributions	Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ <u>540.⁰⁰</u>	\$ <u>900.⁰⁰</u>	\$ <u>1440.⁰⁰</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ <u>540.⁰⁰</u>	\$ <u>900.⁰⁰</u>	\$ <u>1440.⁰⁰</u>

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>0</u>	\$ <u>743.⁶⁹</u>	\$ <u>743.⁶⁹</u>
9. Loans Made	Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ <u>0</u>	\$ <u>743.⁶⁹</u>	\$ <u>743.⁶⁹</u>
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	\$ <u>1259.⁶⁰</u>	\$ <u>998.⁶⁴</u>	\$ <u>2158.²⁴</u>
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ <u>1259.⁶⁰</u>	\$ <u>1642.³³</u>	\$ <u>2901.⁹³</u>

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ <u>156.³¹</u>
14. Cash Receipts	Column A, Line 3 above	\$ <u>540.⁰⁰</u>
15. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments	Column A, Line 10 above	\$ <u>0</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>696.³¹</u>

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See Instructions on reverse	\$ <u>0</u>
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ <u>2859.²⁴</u>

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ <u>1440.⁰⁰</u>	\$ <u>1440.⁰⁰</u>
22. Expenditures Made	\$ <u>2901.⁹³</u>	\$ <u>2901.⁹³</u>

Schedule.
Monetary Contributions Received

Type or print. Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		<div style="background-color: black; color: white; padding: 5px;"> NATIONAL FORM 490 </div>
from <u>Oct 1, 1998</u>	through <u>Oct 17, 1998</u>	
Page _____ of _____		I.D. NUMBER <u>982032</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

HARRY L. MARZOLF

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>10/8/98</u>	<u>CASE CONSTRUCTION Co., INC</u> <u>1225 S. SACRAMENTO ST.</u> <u>6021, CA. 95240</u>	<u>CASE CONSTRUCTION Co</u> <u>SELF-EMPLOYED</u>	<u>200.⁰⁰</u>	<u>200.⁰⁰</u>	
<u>10/15/98</u>	<u>NICK SPANOS SR.</u> <u>306 SHADY ACRES DR</u> <u>6021, CA. 95242</u>	<u>LAKEWOOD DRUGS</u>	<u>100.⁰⁰</u>	<u>100.⁰⁰</u>	

SUBTOTAL \$ 300.⁰⁰

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 300.⁰⁰
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 240.⁰⁰
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 540.⁰⁰

Schedule — Part I
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCH JLE B - Part I

Statement covers period		CALIFORNIA ELECTION 490
from <u>Oct 1, 1998</u>	through <u>Oct 12, 1998</u>	
		Page <u>3</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

HARRY L. MARZOLF

I.D. NUMBER

982032

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER

*See important instructions on reverse.

SUBTOTAL \$ (a)

\$ (b) Enter (b) on Summary Page, Line 18 only.

Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) \$ _____
- Loans under \$100 received this period. (Do not itemize.) \$ _____
- Total loans received this period. (Add Lines 1 and 2.) TOTAL \$ 0

Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ _____
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ _____
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) TOTAL \$ ()
- Net change this period. (Subtract Line 6 from Line 3.) NET \$ 0
Enter the net here and on the Summary Page, Column A, Line 2. May be a negative number.

Schedule C
Non-Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>Oct 1, 1998</u> through <u>Oct 12, 1998</u>		CALIFORNIA ED FORM 490
		Page <u>4</u> of <u>7</u>
		I.D. NUMBER <u>982032</u>

SEE INSTRUCTIONS ON REVERSE

<u>HARRY L. MARZOLF</u>						
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ _____
- Total non-monetary contributions received this period..
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) TOTAL \$ 0

Schedule

Enforceable Promises Received (Other than Loan Guarantees, Loan Endorsements, and Loan Security)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from Oct 1, 1998through Oct 17, 1998CALIFORNIA
TEMPORARY **490**Page 5 of 7

I.D. NUMBER

982032

NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises" that must be reported on Schedule B - NOT Schedule D. SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

HARRY L. MARZOLF

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO ENTER ON SCHEDULE A)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
Attach additional information on appropriately labeled continuation sheets.			SUBTOTALS \$	(a)	(b)	

Enforceable Promises Received Summary

1. Promises received of \$100 or more this period (Column (a)). \$ _____
2. Promises received under \$100 this period.
(Do not itemize.) \$ _____
3. Total promises received this period.
(Add Lines 1 and 2.) TOTAL \$ _____
4. Payments received on promises of \$100 or more this period.
(Column (b)). \$ _____
5. Payments received on promises under \$100 this period.
(Do not itemize. Also include on Schedule A Summary, Line 2.) \$ _____
6. Total payments received.
(Add Lines 4 and 5.) TOTAL \$ (_____)
7. Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 6.) NET \$ 0
May be a negative number.

Schedule
Payments and Contributions
(Other Than Loans) Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

HARRY L. MARZOLF

Statement covers period

from Oct 1, 1998

through Oct 12, 1998

490

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I.D. NUMBER

982032

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

C - MONETARY AND IN-KIND (NON-MONETARY)
CONTRIBUTIONS TO OTHER CANDIDATES
AND COMMITTEES

I - INDEPENDENT EXPENDITURES
L - LITERATURE

B - BROADCAST ADVERTISING

N - NEWSPAPER AND PERIODICAL ADVERTISING

O - OUTSIDE ADVERTISING

S - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

F - FUNDRAISING EVENTS

G - GENERAL OPERATIONS AND OVERHEAD

T - TRAVEL, ACCOMMODATIONS AND MEALS
(MUST BE DESCRIBED)

P - PROFESSIONAL MANAGEMENT AND CONSULTING
SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR	DESCRIPTION OF PAYMENT
			AMOUNT PAID

Important: Contributions and expenditures made out of campaign funds to or on behalf of other
officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$
2. Payments made this period of under \$100. (Do not itemize.) \$
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) \$
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) \$
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) TOTAL \$

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

HARRY L. MARZOLE

Statement covers period

from OCT 1, 1998

through OCT 17, 1998

CALIFORNIA
1998 FORM **490**

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I.D. NUMBER

982032

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

C - MONETARY AND IN-KIND (NON-MONETARY)
CONTRIBUTIONS TO OTHER CANDIDATES
AND COMMITTEES

I - INDEPENDENT EXPENDITURES

L - LITERATURE

B - BROADCAST ADVERTISING

N - NEWSPAPER AND PERIODICAL ADVERTISING

O - OUTSIDE ADVERTISING

S - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

F - FUNDRAISING EVENTS

G - GENERAL OPERATIONS AND OVERHEAD

T - TRAVEL, ACCOMMODATIONS AND MEALS
(MUST BE DESCRIBED)

P - PROFESSIONAL MANAGEMENT AND CONSULTING
SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION
(If COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D.
NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)

IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS
ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.

CODE	OR	DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
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LODI PRINTING
LODI, CA

L

CAMPAIGN BROCHURES

898.⁶⁴

MARKETING SUCCESS
1714 TIMBERLAKE CIRCLE
LODI, CA 95242

L

CAMPAIGN BROCHURES

360.⁹⁶

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1259.⁶⁰

Accrued Expenses Summary

1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.) \$ 1259.⁶⁰
2. Accrued expenses this period of under \$100. (Do not itemize.) \$ _____
3. Total accrued expenses incurred this period. (Add Lines 1 and 2.) INCURRED TOTAL \$ 1259.⁶⁰
4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.) PAID TOTAL \$ (0)
5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) NET \$ 1259.⁶⁰

May be a negative number.